

PATEŇ1

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Group No.:

Examiner:

2859

A. Hirshfield

In re application of:

Judy G. Shannon et al.

Application No.:

09/595,515

Filed: For:

06/15/2000

BOOKMARK

Box: Non-Fee Amendment Commissioner for Patents Washington, D.C. 20231

AMENDMENT TRANSMITTAL

Transmitted herewith is an amendment for this application. 1.

STATUS

2. Applicant is a small entity.

CERTIFICATION UNDER 37 C.F.R. §§ 1.8(a) and 1.10*

(When using Express Mail, the Express Mail label number is mandatory; Express Mail certification is optional.)

I hereby certify that, on the date shown below, this correspondence is being:

- # deposited with the United States Postal Service in an envelope addressed to the Commissioner for Patents, Washington D.C. 20231 37 C.F.R. § 1.10* 37 C.F.R. § 1.8(a)
- * with sufficient postage as first class mail.

as "Express Mail Post Office to Addressee" Mailing Label No.

(mandatory)

TRANSMISSION

☐ facsimile transmitted to the Patent and Trademark Office, (703)

Date: October 28, 2002

Karen Earl

(type or print name of person certifying)

^{*} Only the date of filing (§ 1.6) will be the date used in a patent term adjustment calculation, although the date on any certificate of mailing or transmission under § 1.8 continues to be taken into account in determining timeliness. See § 1.703(f). Consider "Express Mail Post Office to Addressee" (§ 1.10) or facsimile transmission (§ 1.6(d)) for the reply to be accorded the earliest possible filing date for patent term adjustment calculations.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)(1)-(4)) for three months:

Fee: \$460.00

FEE FOR CLAIMS

4. No additional fee for claims is required.

FEE PAYMENT

5. Authorization is hereby made to charge the amount of \$460.00 to Deposit Account No. <u>21-0800</u>.

Charge any additional fees required by this paper or credit any overpayment in the manner authorized above.

A duplicate of this paper is attached.

FEE DEFICIENCY

6. If an additional extension and/or fee is required, charge Account No. 21-0800.

If an additional fee for claims is required, charge Account No. 21-0800.

Data.

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